

| UNITED STATES DISTRICT COURT<br>NORTHERN DISTRICT OF CALIFORNIA<br>CAND 435<br>(CAND Rev. 02/2015)   |                  |                 |  | TRANSCRIPT ORDER<br>Please use one form per court reporter.<br>CJA counsel please use Form CJA24<br>Please read instructions on next page.   |                       |                       |  | COURT USE ONLY<br>DUE DATE:                                  |                       |                       |                                  |                       |                       |                       |
|--|------------------|-----------------|--|--|-----------------------|-----------------------|--|--|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| 1a. CONTACT PERSON FOR THIS ORDER<br><b>Karen Sheppardson</b>  |                  |                 |  | 2a. CONTACT PHONE NUMBER<br><b>(415) 732-1119</b>  |                       |                       |  | 3. CONTACT EMAIL ADDRESS<br><b>ksheppardson@seyfarth.com</b> |                       |                       |                                  |                       |                       |                       |
| 1b. ATTORNEY NAME (if different)<br><b>Christian J. Rowley</b>   |                  |                 |  | 2b. ATTORNEY PHONE NUMBER<br><b>(415) 397-2823</b>   |                       |                       |  | 3. ATTORNEY EMAIL ADDRESS<br><b>crowley@seyfarth.com</b>     |                       |                       |                                  |                       |                       |                       |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)<br><b>Seyfarth Shaw LLP<br/>560 Mission St., Suite 3100, San Francisco, CA 94105</b>                           |                  |                 |  | 5. CASE NAME<br><b>Perez v. Wells Fargo</b>  |                       |                       |  | 6. CASE NUMBER<br><b>C-14-989 PJH</b>                        |                       |                       |                                  |                       |                       |                       |
| 7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX) <input type="checkbox"/> FTR<br><b>Kathy Wyatt</b>  |                  |                 |  | 8. THIS TRANSCRIPT ORDER IS FOR:<br><input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached)<br><input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL    CJA: <input type="checkbox"/> Do not use this form; use Form CJA24. |                       |                       |  |  |                       |                       |                                  |                       |                       |                       |
| 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:                  |                  |                 |  |  |                       |                       |  |  |                       |                       |                                  |                       |                       |                       |
| a. HEARING(S) (OR PORTIONS OF HEARINGS)  |                  |                 | b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.) |  |                       |                       | c. DELIVERY TYPE (Choose one per line) |  |                       |                       |                                  |                       |                       |                       |
| DATE   | JUDGE (initials) | TYPE (e.g. CMC) | PORTION (If requesting less than full hearing, specify portion (e.g. witness or time))             | PDF (email)  | TEXT/ASCII (email)    | PAPER                 | CONDENSED (email)                      | ECF ACCESS (web)   | ORDINARY (30-day)     | 14 Day                | EXPEDITED (7 day)                | DAILY (Next day)      | HOURLY (2 hrs)        | REALTIME              |
| 03/18/2015   | PJH              | motion          |  | <input checked="" type="radio"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:   |                  |                 |  |  |                       |                       |  |  |                       |                       |                                  |                       |                       |                       |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).   |                  |                 |  |  |                       |                       |  |  |                       |                       | 12. DATE<br><b>03/23/2015</b>    |                       |                       |                       |
| 11. SIGNATURE<br><b>/s/ Christian J. Rowley</b>  |                  |                 |  |  |                       |                       |  |  |                       |                       |                                  |                       |                       |                       |
| DISTRIBUTION: <input type="checkbox"/> COURT COPY <input type="checkbox"/> TRANSCRIPTION COPY <input type="checkbox"/> ORDER RECEIPT <input type="checkbox"/> ORDER COPY |                  |                 |  |  |                       |                       |  |  |                       |                       |                                  |                       |                       |                       |